Post Office Box Columbia, SC

#### BURR FORMAN MCNAIR

Margaret M. Fox pfox@burr.com T 803.799.9800 F 803.753.3278

JUN 1 5 2020

CLERK'S OFF

June 15, 2020

#### VIA HAND-DELIVERY

Ms. Jocelyn Boyd Chief Clerk and Administrator South Carolina Public Service Commission Synergy Business Park, The Saluda Building 101 Executive Center Drive Columbia SC 29210

Federal Communications Commission WC Docket No. 10-90 Re: Copies of Information Required to be Filed with the FCC, USAC, and State Commissions pursuant to 47 C.F.R. §§ 51.917 and 54.304 Docket No. 2013-244-C

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies (see attached list) please find Connect America Fund (CAF) certifications and tariff data. Pursuant to 47 C.F.R. §§51.917 and 54.304, carriers are required to submit certain certifications and data relating to the Connect America Fund with the FCC and USAC at the same time they file their annual interstate access tariffs, and provide a copy of the certifications and tariff data to the state commission. The tariff data has been filed with the FCC and USAC on a confidential and proprietary basis. We are enclosing a public copy of the redacted information as it was provided to the FCC and USAC. We are providing this information by hand-delivery on a CD in PDF format so that the files will be legible.

Please note that this information has been filed with the FCC and USAC in connection with the federal Connect America Fund proceedings. While the FCC rules state that a copy must be provided to the relevant state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these certifications and data to the Commission for information only.

Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

AL • DE • FL • GA • MS • NC • SC • TN

35889900 v11

Ms. Jocelyn Boyd June 15, 2020 Page 2

Very truly yours,

Burr & Forman LLP
Mayarella. Pax

Margaret M. Fox

MMF/khh

**Enclosures** 

cc: Jeffrey M. Nelson, Esquire, ORS

Ms. Jocelyn Boyd June 15, 2020 Page 3

#### South Carolina Telephone Coalition Member Companies

Bluffton Telephone Company, Inc.

Chesnee Telephone Company

Chester Telephone Company, d/b/a TruVista

Comporium, Inc. (f/k/a Rock Hill Telephone Company)

Farmers Telephone Cooperative, Inc.

Ft. Mill Telephone Company, d/b/a Comporium

Hargray Telephone Company, Inc.

Home Telephone ILEC, LLC d/b/a Home Telecom

Horry Telephone Cooperative, Inc.

Lancaster Telephone Company, d/b/a Comporium

Lockhart Telephone Company, d/b/a TruVista

Palmetto Rural Telephone Cooperative, Inc.

Piedmont Rural Telephone Cooperative, Inc.

PBT Telecom, d/b/a Comporium

Ridgeway Telephone Company, d/b/a TruVista

Sandhill Telephone Cooperative, Inc.

West Carolina Rural Telephone Cooperative, Inc.

# Bluffton Telephone Company, Inc. Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

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Certification of Of  I certify that I am an officer of the accuracy of the actual data reportions form is accurate.	he reportin	ig carrie	r; my responsibilitie	s include	ensuring the	FOR PROCESSING - 2020
						) June
Name of Reporting Carrier	Bluffton	Telepho	ne Company			2020 June 15 (
Name of Reporting Carrier Signature of Authorized Officer	Bluffton	Telepho	ne Company	Date 06	/09/2020	15 3:32
		Telephon	ne Company	Date 06	/09/2020	15 3:32 PM -
Signature of Authorized Officer			ne Company	Date 06	/09/2020	15 3:32 PM -
Signature of Authorized Officer  Printed name of Authorized Officer	Andre	w Rein	ne Company  246 ext.	Date 06	/09/2020	15 3:32

					ACCEPTED FOR
Certification of Officer t	for Rate-of-Retu	rn Carrier Eligibility f	for CAF/I	ICC Recovery	PROCESS
Certification of Officer of I certify that I am an officer of the reporting carrier on this form ce Access Recovery Charge §51.917 to §51.917(f).	ne reporting car rtifies that it has (e) and is eligibl	rier and that, to the best complied with Eligible to receive the CAF Io	st of my k e Recover CC suppo	knowledge, the ry §51.917(d) and ort requested purs	ING - 2020 June 1
Name of Reporting Carrier	Bluffton Telep	hone Company			— <del>ပ</del> သ :သ
Signature of Authorized Officer		2	Date 06	5/09/2020	3:32 PM -
Printed name of Authorized Officer	Andrew Rei	1			- SC
Title or position of Authorized Officer	CFO				SCPSC
Telephone number or Authorized Officer.	(843) 686-1	246 ext			- 2013
Study Area Code of Reporting Carrier	240512	Filing Due Date for the	nis form	06/16/2020	

						ACCEPTED FOR
Certification of Officer f						FOR PROCESSING.
reporting carrier is not seeking d subject to the recovery mechanis	luplicative r	ecover	y in the state jurisdic	ction for a	nny Eligible Reco	2020 June
Name of Reporting Carrier	Bluffton T	elephoi	ne Company			15
Signature of Authorized Officer	_	12		Date 06	/09/2020	3:32 PM
Printed name of Authorized Officer	Andrew	Rein		_		1
Title or position of Authorized Officer	CFO					SCPS
Telephone number or Authorized Officer.	(843) 68	86-124	16 ext			C - 20
Study Area Code of Reporting Carrier	240512		Filing Due Date for the (mm/dd/yyyy)		06/16/2020	13-244
Persons willfully making false statement of 1934, 47 U.S.C. §§ 502, 503(b), or fire	ts on this form	n can be nment un	punished by fine or for der Title 18 of the Unit	feiture unde ed States C	er the Communicat ode, 18 U.S.C. § 10	ions Act 001. Page
						7 of 88

# SEE 2020 TARIFF DATA ON ENCLOSED DISC

# Chesnee Telephone Company Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Of	ficer as to th	1е Асси	racy of the CAF IC	C Data R	eported	
I certify that I am an officer of the accuracy of the actual data reporthis form is accurate.	e reporting ted; and, to	carrier the bes	r; my responsibilities st of my knowledge,	s include the infor	ensuring the mation reported	on
Name of Reporting Carrier	Chesnee T	elephor	ne Company, Inc. d/	b/a Chesn	iee Communicati	ions
Signature of Authorized Officer	Cindy	- Ro	thster	Date	2 2020	
Printed name of Authorized Officer	Cindy R	othsteir	1			
Title or position of Authorized Officer	CFO					
Telephone number or Authorized Officer.	(336)	876 6	5304 ext			(
Study Area Code of Reporting Carrier	240515		Filing Due Date for the (mm/dd/yyyy)	is form	06/16/2020	
Persons willfully making false statement of 1934, 47 U.S.C. §§ 502, 503(b), or find	ts on this form	a can be i	punished by fine or ford der Title 18 of the Unit	eiture unde ed States C	er the Communicati Code, 18 U.S.C. § 10	ons Act
						:

# Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications					
Signature of Authorized Officer	Cindy	_Ro	thsteir	Date 6	12/2020	
Printed name of Authorized Officer	Cindy R	1				
Title or position of Authorized Officer	CFO					
Telephone number or Authorized Officer.	(336)	876	6304 ext			
Study Area Code of Reporting Carrier	240515		Filing Due Date for the (mm/dd/yyyy)	nis form	06/16/2020	

Certification of Officer I certify that I am an officer of t reporting carrier is not seeking subject to the recovery mechani	he reporting duplicative 1	carrier and that,	to the best	of my kı	nowledge, the	(
Name of Reporting Carrier	Chesnee T	elephone Compan	y, Inc. d/b	/a Chesn	ee Communi	cations 7
Signature of Authorized Officer	Cends	Rochstein		Date 💪	2/2020	) ( 1
Printed name of Authorized Officer	Cindy F	Rothstein				
Title or position of Authorized Officer	CFO					
Telephone number or Authorized Officer.	(336)	876 6304 ext.			1600	(
Study Area Code of Reporting Carrier	240515	Filing Due (mm/dd/yy	Date for this	s form	06/16/2020	cations Act
Persons willfully making false statemer of 1934, 47 U.S.C. §§ 502, 503(b), or false	nts on this formine or imprisor	n can be punished by nment under Title 18	fine or forfe of the United	iture unde d States C	r the Communi ode, 18 U.S.C.	s 1001.

# SEE 2020 TARIFF DATA ON ENCLOSED DISC

Chester Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

# Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Chester Telephone Company d/b/a TruVista Communications					
Signature of Authorized Officer	Exi Ramey Date: 5-28-2020					
Printed name of Authorized Officer	Eric Ra	mey				
Title or position of Authorized Officer	Sr. Direct	or - Administra	ation & Regulatory A	ffairs		
Telephone number or Authorized Officer.	(803) 58	81-9152			_	
Study Area Code of Reporting Carrier	240516	Filing	Due Date for this form	06/16/2020		

# Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Chester Telephone Company d/b/a TruVista Communications				
Signature of Authorized Officer	Exi Ramey Date: 5-28-2020				
Printed name of Authorized Officer	Eric Ramey	,			
Title or position of Authorized Officer	Sr. Director -	Administration & Regulatory A	ffairs		
Telephone number or Authorized Officer.	(803) 581-	9152			
Study Area Code of Reporting Carrier	240516	Filing Due Date for this form	06/16/2020		

# ACCEPTED FOR PROCESSING - 2020 June 15 3:32 PM - SCPSC - 2013-244-C - Page 17 of 88

# Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Chester Telephone Company d/b/a TruVista Communications					
Signature of Authorized Officer	Exi Rames Date: 5-28-2020					
Printed name of Authorized Officer	Eric Ramey					
Title or position of Authorized Officer	Sr. Director - Ad	lministration & Regulato	ry Affairs			
Telephone number or Authorized Officer.	(803) 581-91	52				
Study Area Code of Reporting Carrier	240516	Filing Due Date for this	form 06/16/2020			

# SEE 2020 TARIFF DATA ON ENCLOSED DISC

# Comporium, Inc.

Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

# Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Comporium, Inc.				
Signature of Authorized Officer	Cah D.	fly	Date 6/4/2020		
Printed name of Authorized Officer	Charles G. L	unsford			
Title or position of Authorized Officer	Vice President	Regulatory Affairs		*******	
Telephone number or Authorized Officer.	(803) 326	7170 ext			
Study Area Code of Reporting Carrier	240542	Filing Due Date for the (mm/dd/yyyy)	is form 06/16/2020		

# Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Comporium, I	nc.		
Signature of Authorized Officer	Chh !	ble	Date 6/4/2020	
Printed name of Authorized Officer	Charles G. I	unsford		
Title or position of Authorized Officer	Vice President	-Regulatory Affairs		
Telephone number or Authorized Officer.	(803) 326	7170 ext		
Study Area Code of Reporting Carrier	240542	Filing Due Date for th (mm/dd/yyyy)	is form 06/16/2020	

# Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Comporiu	m, Inc.				
Signature of Authorized Officer	Cheh.	1	fly	Date 6/4/	/2020	
Printed name of Authorized Officer	Charles	G. Lun	sford			
Title or position of Authorized Officer	Vice Pres	ident-R	egulatory Affairs			
Telephone number or Authorized Officer.	(803)	326 7	7170 ext			
Study Area Code of Reporting Carrier	240542		Filing Due Date for this (mm/dd/yyyy)	form	06/16/2020	
					-	

# SEE 2020 TARIFF DATA ON ENCLOSED DISC

Farmers Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

### Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Farmers T	`elepho	ne Cooperative, Inc.		
Signature of Authorized Officer	Mayor	ا ا	1. Carola Date	6/3/2020	)
Printed name of Authorized Officer	Mayme T.			,	
Title or position of Authorized Officer	Chief Fina	ncial Of	ficer		
Telephone number or Authorized Officer.	(_843_)	382	1380ext		
Study Area Code of Reporting Carrier	240520		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
					Block Street

#### Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Farmers T	Celepho	ne Cooperative, Inc.		
Signature of Authorized Officer	May	me (	I aut Date	6/3/2020	>
Printed name of Authorized Officer	Mayme T.	Carster		,	
Title or position of Authorized Officer	Chief Fina	ncial Of	fficer		
Telephone number or Authorized Officer.	(_843_)	_382	2 _1380_ ext		
Study Area Code of Reporting Carrier	240520		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	

### Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.	
Signature of Authorized Officer	Mayne J. Part Date 6/3/2020	
Printed name of Authorized Officer	Mayme T. Carsten	
Title or position of Authorized Officer	Chief Financial Officer	
Telephone number or Authorized Officer.	(_843_) _3821380 ext	
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2020	

# SEE 2020 TARIFF DATA ON ENCLOSED DISC

Ft. Mill Telephone Company, d/b/a Comporium Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

#### Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Fort Mill Telephone Company d/b/a Comporium Communications						
Signature of Authorized Officer	Phh N	1/		Date 6/4/		
Printed name of Authorized Officer	Charles	G. Lun	sford			
Title or position of Authorized Officer	Vice Pres	ident-Re	egulatory Affairs			
Telephone number or Authorized (803) 326 7170 ext						
Study Area Code of Reporting Carrier	240521		Filing Due Date for this f (mm/dd/yyyy)	form	06/16/2020	
Description of the statements on this form can be punished by fine or forfaiture under the Communications Act						

#### Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications						
Signature of Authorized Officer	Chal S.	Wed	Date 6/4/	/2020			
Printed name of Authorized Officer	Charles G. L	unsford					
Title or position of Authorized Officer	Vice President	-Regulatory Affairs					
Telephone number or Authorized Officer.	(803) 326	7170 ext					
Study Area Code of Reporting Carrier	240521	Filing Due Date for the (mm/dd/yyyy)	is form	06/16/2020			

# Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communicatio					
Signature of Authorized Officer	Chil	S. ble	Date 6/4/2020			
Printed name of Authorized Officer	Charles	G. Lunsford				
Title or position of Authorized Officer	Vice Presi	ident-Regulatory Affairs				
Telephone number or Authorized Officer.	(803)	326 7170 ext	_			
Study Area Code of Reporting Carrier	240521	Filing Due Date for (mm/dd/yyyy)	or this form 06/16/2020			

# SEE 2020 TARIFF DATA ON ENCLOSED DISC

Hargray Telephone Company, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

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			racy of the CAF ICC Da			FOR PROCESSING
I certify that I am an officer of the accuracy of the actual data reporthis form is accurate.	e reporting ca rted; and, to th	rrier e bes	; my responsibilities inc at of my knowledge, the i	lude e inform	nsuring the nation reported	
Name of Reporting Carrier	Hargray Tele	phor	ne Company			153
Signature of Authorized Officer			Da	te 06/0	09/2020	3:32 PM
Printed name of Authorized Officer	Andrew Re	ein				1
Title or position of Authorized Officer	CFO					\$CP\$C
Telephone number or Authorized Officer.	(843) 686	-124	-6 ext			\$C - 201
Study Area Code of Reporting Carrier	240523		Filing Due Date for this for (mm/dd/yyyy)	rm	06/16/2020	13-24

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications kt Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications we of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer of I certify that I am an officer of the reporting carrier is not seeking of subject to the recovery mechanism.	for Rate-of- he reporting luplicative is sm as per §5	Return g carrier recovery 51.917(d	Carrier Not Seeking and that, to the bes in the state jurisdic )(vii).	g Duplica st of my k	tive Recovery mowledge, the any Eligible Reco	PROCESSING 2020 June
Name of Reporting Carrier	Hararay 7	relenhoi	ne Company			15
Traine of Reporting Currier	Transfray 1	Серпо		1 - 0	100 10000	<u>\</u>
Signature of Authorized Officer				Date 06	/09/2020	3:32 2
				a 112-		<u>P</u>
Printed name of Authorized Officer	Andrew	Rein				1
Title of Authorized Officer	CEO					SCPSC
Title or position of Authorized Officer	CFO					ၖ
Telephone number or Authorized Officer.	(843) 6	86-124	6 ext			- 20
Study Area Code of Reporting Carrier	240523		Filing Due Date for the (mm/dd/yyyy)	nis form	06/16/2020	13-24

Home Telephone ILEC, LLC d/b/a Home Telecom Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

## Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom
Signature of Authorized Officer	Date 6 - 5 - 7070
Printed name of Authorized Officer	Denny Thompson
Title or position of Authorized Officer	Director Administrative Services
Telephone number or Authorized Officer.	(_843) _7619173 ext
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2020

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom	
Signature of Authorized Officer	Date	7-5-7020
Printed name of Authorized Officer	Denny Thompson	
Title or position of Authorized Officer	Director Administrative Services	
Telephone number or Authorized Officer.	(843) _7619173 e	ext
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Home Telephone ILEC,	l/b/a Home Telecom	
Signature of Authorized Officer		Date	9-5-2020
Printed name of Authorized Officer	Denny Thompson		
Title or position of Authorized Officer	Director Administrative S	ervices	
Telephone number or Authorized Officer.	(_843) _761_	9173	ext
Study Area Code of Reporting Carrier		Due Date for this form	06/16/2020

Horry Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

## Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Horry Telephone Cooperative, Inc.	
Signature of Authorized Officer	Date 5/28/2020	
Printed name of Authorized Officer	Carlton Lewis	
Title or position of Authorized Officer	CFO	
Telephone number or Authorized Officer.	( <u>843</u> ) <u>3 65 2 15 l</u> ext	
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy) 06/16/2020	

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Horry Telephor	ne Cooperative, Inc.	
Signature of Authorized Officer	Juli !	Date 5	/28/2020
Printed name of Authorized Officer	Cariton La	wis	
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	( <u>843</u> ) <u>3</u>	65 2151 ext	
Study Area Code of Reporting Carrier	240528	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Horry Telephone Cooperative, Inc.	
Signature of Authorized Officer	Date 5	/28/202 P
Printed name of Authorized Officer	Carlton Lewis	
Title or position of Authorized Officer	CFO	
Telephone number or Authorized Officer.	( <u>§ 43</u> ) <u>3 65</u> <u>2 1 5 1</u> ext	
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

Lancaster Telephone Company, d/b/a Comporium Connect America Fund Certifications and Tariff Data Pursuant to 47 C.F.R. §§ 51.917 and 54.303

## Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

					1 10 10 10 10 10 10 10 10 10 10 10 10 10	
Name of Reporting Carrier	Lancaster	Teleph	one Company d/b/a Co	mpori	um Communic	ations
Signature of Authorized Officer	Chla	18.	flul D	ate 6/4/	/2020	
Printed name of Authorized Officer	Charles	G. Lun	sford			
Title or position of Authorized Officer	Vice Pres	ident-R	egulatory Affairs			
Telephone number or Authorized Officer.	(803)	326 7	7170 ext			
Study Area Code of Reporting Carrier	240531		Filing Due Date for this for (mm/dd/yyyy)	orm	06/16/2020	
Persons willfully making false statemen	ts on this form	n can be	punished by fine or forfeitu	re unde	er the Communica	tions Act

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Lancaster Teleph	none Company d/b/a Comp	orium Communications
Signature of Authorized Officer	Chul S.	Date	6/4/2020
Printed name of Authorized Officer	Charles G. Lur	sford	
Title or position of Authorized Officer	Vice President-R	egulatory Affairs	
Telephone number or Authorized Officer.	(803) 326	7170 ext	
Study Area Code of Reporting Carrier	240531	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Lancaster	Teleph	one Company d/b/a Co	omporium (	Communica	tions
Signature of Authorized Officer	Chile,	J.	Llu 1	Date 6/4/2020	)	
Printed name of Authorized Officer	Charles	G. Lun	sford			
Title or position of Authorized Officer	Vice Presi	dent-Re	egulatory Affairs			
Telephone number or Authorized Officer.	(803)	326 7	'170 ext			
Study Area Code of Reporting Carrier	240531		Filing Due Date for this (mm/dd/yyyy)	form 06/	16/2020	

Lockhart Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

## Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications				
Signature of Authorized Officer	Exi Ram	Da	te		
Printed name of Authorized Officer	Eric Ramey				
Title or position of Authorized Officer	Sr. Director – A	dministration & Regulatory	Affairs		
Telephone number or Authorized Officer.	(803) 581-91	52			
Study Area Code of Reporting Carrier	240532	Filing Due Date for this for	m 06/16/2020		

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications					
Signature of Authorized Officer	Eril 1	Exi Ramey Date: 5-28-2020				
Printed name of Authorized Officer	Eric Ra	ımey				
Title or position of Authorized Officer	Sr. Direc	tor – Adn	ninistration & Regulatory	Affairs		
Telephone number or Authorized Officer.	(803) 5	81-915	2			
Study Area Code of Reporting Carrier	240532		Filing Due Date for this for	o6/16/2020		

# ACCEPTED FOR PROCESSING - 2020 June 15 3:32 PM - SCPSC - 2013-244-C - Page 57 of 88

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Lockhart Telephone Company d/b/a TruVista Communications				
Signature of Authorized Officer	Enik	) ame	Date	;	
Printed name of Authorized Officer	Eric Ram	ey			
Title or position of Authorized Officer	Sr. Director – Administration & Regulatory Affairs				
Telephone number or Authorized Officer.	(803) 581-9152				
Study Area Code of Reporting Carrier	240532		Filing Due Date for this form	n 06/16/2020	

Palmetto Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

## TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	rtification of Officer as to th irrier; my responsibilities inclu ition reported on this form is a	Certification of Officer as to the Accuracy of the CAF ICC Data Reported grarrier; my responsibilities include ensuring the accuracy of the actual data represented on this form is accurate.	oorted ata reported;		
Name of Reporting Carrier: PALM	PALMETTO RURAL TEL. COOP., INC.				
Dew	Dewaine Wilson	Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine wilson@prtc.us,O=palmetto rural to coop inc i= Date:5/15/2020	Wilson DN:cn=Dewaine n@prtc.us,O=palmetto rural	- Cote:	5/15/2020
Signature of Authorized Officer:		ימן: מסטר: יומן: יומן יומן יומן יומן יומן יומן יומן יומן		Cale.	07/02/02/0
Printed name of Authorized Officer:	Dewaine Wilson				
Title or position of Authorized Officer:	Controller				
Telephone number of Authorized Officer:	843 538-9382				
Study Area Code of Reporting Carrier	240536	Filing Due Date for this form (mm/dd/yyyy)	6/16/2020		
Persons wilifuily making fals 47 U.S.C. §§ 502	se statements on this form can 2, 503(b), or fine or imprisonme	Persons wilifully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	he Communications Act of 19: de, 18 U.S.C. § 1001.	34,	

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §\$1.917(d) and Access Recovery Charge §\$1.917(e) and is eligible to receive the CAF ICC support requested pursuant to §\$1.917(f).	tion of Officer for rier and that, to the wery §51.917(d) and 7(f).	Rate-of-Rei best of my k	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery orting carrier and that, to the best of my knowledge, the reporting carrier on this form gible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive to §51.917(f).	Recovery form to receive the		
Name of Reporting Carrier: PALME	PALMETTO RURAL TEL. COOP., INC.	EL. COOP.		:		
Signature of Authorized Officer or employee:		Dewaine Wilson	Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson, email=dewaine.wilson@ptfc.us,O=palmetto rural tel.coop., inc.,l= , Date:5/15/2020	on DN:cn=Dewaine หtc.us,O=palmetto rural tel.	Date: 5/15	5/15/2020
Printed name of Authorized Officer or employee:	, , ,	Dewaine Wilson	/ilson			
Title or position of Authorized Officer or employee:	loyee:	Controller				
Telephone number of Authorized Officer or employee:	:mployee:	843 538-9382	3382			
Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020		
Persons willfully making false 47 U.S.C. §§ 502, <sup>1</sup>	statements on this 503(b), or fine or in	form can be	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	he Communications Act of 1 le, 18 U.S.C. § 1001.	934,	

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification	on of Officer for	Rate-of-Retu	Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery	e Recovery		
l certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).	rier and that, to the r any Eligible Reco	best of my k	nowledge, the reporting carrier is not s o the recovery mechanism as per §51.	seeking 917(d)(vii).		
Name of Reporting Carrier: PALME	PALMETTO RURAL TEL. COOP., INC.	EL. COOP.	, INC.			
	Dewaine Wilson	Wilson	Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine .wilson@prtc.us,O=palmetto rural tel.	on DN:cn=Dewaine rtc.us,O=palmetto rural tel.		
Signature of Authorized Officer or employee:				i	Date:	5/15/2020
Printed name of Authorized Officer or employee:	/ee:	Dewaine Wilson	ilison			
Title or position of Authorized Officer or employee:	oyee:	Controller				
Telephone number of Authorized Officer or employee:	mployee:	843 538-9382	3382			
Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	6/16/2020		
Persons willfully making false 47 U.S.C. §§ 502, !	statements on thi 503(b), or fine or in	s form can be mprisonment	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	he Communications Act of 1 1e, 18 U.S.C. § 1001.	1934,	

Piedmont Rural Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

## Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Piedmont	Rural ?	Telephone Cooperative,	Inc.		
Signature of Authorized Officer	June	٠.	D	ate Ma	y 7, 2020	
Printed name of Authorized Officer	Randal	ll Lis				
Title or position of Authorized Officer	General 1	Manager				
Telephone number or Authorized Officer.	( 864)	683-3	700 ext			
Study Area Code of Reporting Carrier	240538		Filing Due Date for this f (mm/dd/yyyy)	orm	06/16/2020	
Persons willfully making false statemer	nts on this for	m can be	nunished by fine or forfeit	ire und	er the Communicat	ions Ac

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Piedmont Rural	Telephone Cooperative,	Inc.
Signature of Authorized Officer	Jun -	Е	ate May 7, 2020
Printed name of Authorized Officer	Randall Lis		
Title or position of Authorized Officer	General Manage	er	
Telephone number or Authorized Officer.	(864) 683	3700 ext	
Study Area Code of Reporting Carrier	240538	Filing Due Date for this f (mm/dd/yyyy)	06/16/2020

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Piedmont R	kural T	elephone Cooperative	e, Inc.		
Signature of Authorized Officer	12.			Date Ma	y 7, 2020	
Printed name of Authorized Officer	Randall I	Lis				
Title or position of Authorized Officer	General Ma	anager				
Telephone number or Authorized Officer.	(864)	683-3	3700 ext			
Study Area Code of Reporting Carrier	240538		Filing Due Date for this (mm/dd/yyyy)	form	06/16/2020	
Persons willfully making false statemer of 1934, 47 U.S.C. §§ 502, 503(b), or fi	ts on this form	can be nent un	punished by fine or forfei der Title 18 of the United	ture und States C	er the Communica	tions Act 1001.

PBT Telecom, d/b/a Comporium

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

						ACCET IED FOX FXOCESSING - 2020 Salle
I certify that I am an officer of accuracy of the actual data repo	the reportin	g carrier: m	y of the CAF ICC y responsibilities i	ncinde	eensuring the	YOCEOGING - M
this form is accurate.						
lame of Reporting Carrier	PBT Tele	com, Inc.		Date	May 28, 2020	ر ن
ignature of Authorized Officer	2./	- E-			Wiay 26, 2020	0 0.00 7 00 -
rinted name of Authorized Officer	L.B. S	pearman				۔ ا
itle or position of Authorized Officer	Vice Pres	sident				<u> </u>
elephone number or Authorized fficer.	(_803)	210 -5	528 _ ext	_		, ,
tudy Area Code of Reporting Carrier	240539		ng Due Date for this in/dd/yyyy) May 28, 2		06/16/2020	
ersons willfully making false statemer 1934, 47 U.S.C. §§ 502, 503(b), or fi	nts on this formine or imprison	n can be punis	hed by fine or forfeit itle 18 of the United	ure und States C	er the Communications A Code, 18 U.S.C. § 1001.	- 1
						raye / O OI oo
						Ç

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	PBT Telecom, Inc.		
Signature of Authorized Officer	Z. B E.	Date May 28, 2020	
Printed name of Authorized Officer L.B. Spearman			
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(803) _210-5528 _ ext.		
Study Area Code of Reporting Carrier	240539 Filing Due Dat (mm/dd/yyyy)		

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	PBT Telecom, Inc.	
Signature of Authorized Officer	7.1.3	Date May 28, 2020
Printed name of Authorized Officer		
L.B. Spearman		
Title or position of Authorized Officer	Vice President	
Telephone number or Authorized Officer.	(803) 210-5528 ext.	
Study Area Code of Reporting Carrier	240539 Filing Due I (mm/dd/yyy	Date for this form y) May 28, 2020 06/16/2020

Ridgeway Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

### Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Ridgewa	Ridgeway Telephone Company d/b/a TruVista Communications						
Signature of Authorized Officer	Erici	Rarney	Date: 5-2	28-2020				
Printed name of Authorized Officer	Eric Ra							
Title or position of Authorized Officer	Sr. Director - Administration & Regulatory Affairs							
Telephone number or Authorized Officer.	(803) 5	(803) 581-9152						
Study Area Code of Reporting Carrier	240541	Filing Due I	Date for this form	06/16/2020				

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Ridgeway Telephone Company d/b/a TruVista Communications						
Signature of Authorized Officer	Eri K	ames	Date	: 5-28-2020			
Printed name of Authorized Officer	Eric Raı	0					
Title or position of Authorized Officer	Sr. Directo	or – Adı	ministration & Regulatory	Affairs			
Telephone number or Authorized Officer.	(803) 58	31-915	52				
Study Area Code of Reporting Carrier	240541		Filing Due Date for this form	06/16/2020			

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Ridgeway Telephone Company d/b/a TruVista Communications							
Signature of Authorized Officer	Exi Ra	mes	Date: 5-28-2020					
Printed name of Authorized Officer	Eric Rame							
Title or position of Authorized Officer	Sr. Director – Administration & Regulatory Affairs							
Telephone number or Authorized Officer.	(803) 581	-9152						
Study Area Code of Reporting Carrier	240541	Filing Due Date for the	o6/16/2020					

Sandhill Telephone Cooperative, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

# TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.	fication of Officer as to the A	Certification of Officer as to the Accuracy of the CAF ICC Data Reported grarrier; my responsibilities include ensuring the accuracy of the actual data reprimation reported on this form is accurate.	rted a reported;		
Name of Reporting Carrier: SANDH	SANDHILL TEL. COOP., INC.				
	Lee Chambers	Digitally signed by Lee Chambers DN:cn=Lee Chambers,cmail=fee.chambers@mysandhill.net,O=sandh iil tei. coop., inc., =Jefferson SC 29718, Date:5/19/2020	oers DN:cn=Lee s@mysandhill.net,O=sandh C 29718, Date:5/19/2020	Date:	5/19/2020
Signature of Authorized Officer.	Lee Chambers			4	
Title or position of Authorized Officer:	CEO/Manager				
Telephone number of Authorized Officer:	843-658-6379				
Study Area Code of Reporting Carrier	240546	Filing Due Date for this form (mm/dd/yyyy)	6/16/2020		
Persons willfully making false 47 U.S.C. §§ 502, '	s statements on this form can b 503(b), or fine or imprisonment	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	e Communications Act of 19 e, 18 U.S.C. § 1001.	34,	

# TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery orting carrier and that, to the best of my knowledge, the reporting carrier on this form	rrier Eligibility for CAF/ICC R.	ecovery		
certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	ery §51.917(d) and Access Recovery Ch (f).	narge §51.917(e) and is eligible t	o receive the		Ж
Name of Reporting Carrier. SANDHII	SANDHILL TEL. COOP., INC.				
Sinnature of Authorized Officer or employee:	Lee Chambers	Digitally signed by Lee Chambers DN:cn=Lee Chambers, chambers, email=Lee Chambers@mysandhill.net, O=sandhill Let, coop., inc., i=Lefferson SC 29718, Date: 5/19/2020	NY:cn=Lee nysandhill.net,O=sandhill 8, Date:5/19/2020	Date:	5/19/2020
Printed name of Authorized Officer or employee:	ee: Lee Chambers				
	yee: CEO/Manager				ļ
Telephone number of Authorized Officer or employee:	пріоуев: 843-658-6379				
Study Area Code of Reporting Carrier	)546	Filing Due Date for this form (mm/dd/yyyy)	6/16/2020		
Persons wilfully making false : 47 U.S.C. §§ 502, 5	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ed by fine or forfeiture under the itle 18 of the United States Code	s Communications Act of 1 , 18 U.S.C. § 1001.	1934,	

# TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recover I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).	of Officer for Rate-of-Ret and that, to the best of my k y Eligible Recovery subject	Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery porting carrier and that, to the best of my knowledge, the reporting carrier is not seeking isdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vil).	Recovery eeking 117(d)(vii).		
Name of Benorting Carrier	SANDHII I TEL COOP. INC.				
licer or en	Lee Chambers	Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@mysandhill.net,O=sandhill tel. coop., inc.,I=Jefferson SC 29718, Date:5/19/2020	DN:cn=Lee mysandhill.net.O=sandhill 18, Date:5/19/2020	Date:	5/19/2020
Printed name of Authorized Officer or employee:	Lee Chambers	ıbers			
Title or position of Authorized Officer or employee:	ee: CEO/Manager	anager			
Teleohone number of Authorizad Officar or employee:	ployee: 843-658-6379	-6379			
Study Area Code of Reporting Carrier	240546	Filing Due Date for this form (mm/dd/yyyy)	6/16/2020		
Persons willfully making false st 47 U.S.C. §§ 502, 50	tatements on this form can b 13(b), or fine or imprisonmen	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ne Communications Act of 1 le, 18 U.S.C. § 1001.	934,	

West Carolina Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

## Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	West Caro	lina Ru	iral Telephone Cooper	ative, Inc.		
Signature of Authorized Officer	f-	. 1	72	Date		
Printed name of Authorized Officer	Lance A	. Tade				
Title or position of Authorized Officer	CFO					
Telephone number or Authorized Officer.	( 864 )	446-92	256 ext			
Study Area Code of Reporting Carrier	240550		Filing Due Date for this (mm/dd/yyyy)	form 06/16/20	)20	

### Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc.								
Signature of Authorized Officer	S-		R	Date				
Printed name of Authorized Officer	Lance A	. Tade						
Title or position of Authorized Officer	CFO							
Telephone number or Authorized Officer.	(864)4	146 <b>-</b> 92	256 ext			0		
Study Area Code of Reporting Carrier	240550		Filing Due Date for this (mm/dd/yyyy)	form	06/16/2020			

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

						ACCEPTED FO	
Certification of Officer for the certify that I am an officer of the reporting carrier is not seeking desubject to the recovery mechanis	e reporting	carrier	and that, to the best in the state jurisdict	of my k	nowledge, the	ACCEPTED FOR PROCESSING - 2020 June	
Name of Reporting Carrier	Name of Reporting Carrier West Carolina Rural Telephone Cooperative, Inc.						
Signature of Authorized Officer	Signature of Authorized Officer Date						
Printed name of Authorized Officer	Lance A	. Tade		2 .			
Title or position of Authorized Officer	CFO					_ <del>-</del>	
Telephone number or Authorized Officer.	(864)	446-92	256 ext			3:32 PM - SCPSC	
Study Area Code of Reporting Carrier	240550		Filing Due Date for this (mm/dd/yyyy)	s form	06/16/2020	2013	